

NOTICE OF CHANGE

Diana Hynek
Departmental Paperwork Clearance Officer
Office of the Chief Information Officer
14th and Constitution Ave. NW.
Room 6625
Washington, DC 20230

03/04/2005

In accordance with the Paperwork Reduction Act, OMB has made the following change(s).

OMB NO.: 0648-0205

TITLE: Southeast Region Permit Family of Forms

AGENCY FORM NUMBER(S): None

The following items have been changed:

ITEM	PREVIOUS VALUE	NEW VALUE
Nbr. Respondents	10,592	15,089
Total Responses	47,810	56,289
Total Hours	10,551	14,742
Hours Difference	319	4,191
Program Change	319	4,191
Adjustment	0	0
Annual Costs	407	715
Total Costs	407	715
Costs Difference	1	308
Costs Pgm Change	1	308

OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number _____ - _____	
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden <div style="margin-left: 20px;">Number of respondents</div> <div style="margin-left: 20px;">Total annual responses</div> <div style="margin-left: 40px;">Percent of these responses collected electronically</div> <div style="margin-left: 20px;">Total annual hours</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change</div> <div style="margin-left: 40px;">Adjustment</div>			
	%	%	
Annual reporting and recordkeeping cost burden (in thousands of dollars) <div style="margin-left: 20px;">Total annualized Capital/Startup costs</div> <div style="margin-left: 20px;">Total annual costs (O&M)</div> <div style="margin-left: 20px;">Total annualized cost requested</div> <div style="margin-left: 20px;">Difference</div> <div style="margin-left: 20px;">Explanation of difference</div> <div style="margin-left: 40px;">Program change</div> <div style="margin-left: 40px;">Adjustment</div>			
Other changes**			
Signature of Senior Official or designee:		Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.

Attach
Photographs
Here

2" x 2" (no smaller)

FEDERAL APPLICATION FOR SOUTH ATLANTIC**ROCK SHRIMP and/or ATLANTIC DOLPHIN-WAHOO VESSEL OPERATOR'S LICENSE**

U.S. DEPARTMENT OF COMMERCE, NOAA

NMFS PERMITS TEAM, F/SER22

9721 EXECUTIVE CENTER DRIVE N.

ST. PETERSBURG, FL 33702

727/570-5326 (8am - 4:30pm EST)

<http://caldera.sero.nmfs.gov>**FOR OFFICE USE ONLY**

CHECK/MONEY ORDER NO.

REVIEWER'S INITIALS/DATE:

Expiration Date:

Fee Amount: \$50**Replacement Fee: \$18**

APPLICATION INSTRUCTIONS – Please provide all information requested on this application form. Type or print legibly in block letters. Submit required supporting documentation and \$50 fee made payable to: U.S. Treasury. Note that fees are non-refundable. You must submit your Social Security number. FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL RESULT IN THE DELAY OR DENIAL OF YOUR LICENSE APPLICATION.

Provide two recent color, unobstructed (i.e. no sunglasses, no hats, plain background) passport size photos (2 in. X 2 in.) no more than 1 year old. Please do not staple. The ID card is good for three years unless a change in personal information shown on the card is made.

If change occurs, please notify the Southeast Regional Permit office in writing with a check/money order in the amount of \$18 within 30 days of change. A new ID card will be issued using the changes.

SECTION 1 VESSEL OPERATOR (type or print legibly)

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS (NO P.O. BOX ADDRESSES WILL BE ACCEPTED)		CITY		SOCIAL SECURITY #
STATE	COUNTY/PROVINCE	ZIPCODE		

SECTION 2 MAILING ADDRESS (if different from Section 1)

STREET ADDRESS/POST OFFICE BOX		CITY		
STATE	COUNTY/PROVINCE	ZIPCODE		

SECTION 3 PERSONAL IDENTIFYING INFORMATION

DATE OF BIRTH (MM/DD/YYYY)				PLACE OF BIRTH (City and State)	
SEX	EYE COLOR	HAIR COLOR	WEIGHT (lbs)	HEIGHT (ft, inches)	PHONE NUMBER

SECTION 4 SELECT TYPE(S) OF OPERATOR CARD
☐ ROCK SHRIMP(South Atlantic) (RSO)

☐ DOLPHIN/WAHOO (Atlantic) (DWO)
SECTION 5 SIGNATURE (All applications must be signed and dated)

Signature	Date:
Name: (print legibly or type)	

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Robert A. Sadler, National Marine Fisheries Service, F/SER22, 9721 Executive Center Drive N., St. Petersburg, FL 33702.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Confidential name and address information will be released via a NOAA Fisheries website for informational purposes. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.